

Trust Board Meeting in Public

Minutes of the Trust Board Meeting in Public held on **Wednesday 9 July 2025**, George Pickering Education Centre, John Radcliffe Hospital

Present:

Name	Job Role
Prof Sir Jonathan Montgomery	Trust Chair, [Chair]
Mr Andrew Crowther	Acting Chief Executive Officer
Dr Ben Attwood	Chief Digital and Information Officer
Ms Laura Bick	Director of Workforce [deputising for Chief People Officer]
Prof Andrew Brent	Chief Medical Officer
Ms Yvonne Christley	Chief Nursing Officer
Mr Paul Dean	Non-Executive Director
Mr Jason Dorsett	Chief Finance Officer
Dr Claire Feehily	Non-Executive Director
Ms Claire Flint	Non-Executive Director
Mr Mark Holloway	Chief Estates and Facilities Officer
Ms Sarah Hordern	Vice Chair and Non-Executive Director
Ms Katie Kapernaros	Non-Executive Director
Prof Tony Schapira	Non-Executive Director
Prof Gavin Screaton	Non-Executive Director
Prof Ash Soni	Non-Executive Director
Ms Felicity Taylor-Drewe	Chief Operating Officer
Ms Joy Warmington	Non-Executive Director

In Attendance:

Dr Laura Lauer	Deputy Head of Corporate Governance, [Minutes]
Dr Neil Scotchmer	Head of Corporate Governance
Dr Ansaf Azhar	Director of Public Health and Communities, Oxfordshire County Council [Minute TB25/07/06 only]
Ms Milica Redfearn	Director of Midwifery [Minute TB25/07/07 only]

Apologies:

Mr Terry Roberts	Chief People Officer
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TB25/07/01 Welcome, Apologies and Declarations of Interest

1. The Chair welcomed those observing the meeting and noted that the Council of Governors was well-represented.
2. Apologies were received as recorded above.
3. The Trust Board Register of Interests for 2025/26 had been updated as follows: Ms Flint joined the Board of the UK Atomic Energy Authority on 1 June 2025; Ms Kapernaros stood down from the Board of Manx Care on 31 May 2025; Prof Schapira joined the Board of the Royal National Orthopaedic Hospital on 1 July 2025. *Post-meeting note: due to an administrative oversight, it was not noted that Mr Dean ceased to be a Trustee of The Oxford Trust on 6 June 2025.*

Thames Water Incident

4. The Chief Operating Officer (COO) reported that, following notification of the burst water main in Oxford, the Trust had enacted its business continuity plan at 13:00 on 8 July and declared a critical incident at 16:00.
5. Repairs were ongoing and the situation was being kept under review. Thames Water tankers had been on site to ensure supply at the John Radcliffe Hospital. No impact was reported at the Nuffield Orthopaedic Centre and Churchill Hospital.
6. The Board extended its thanks to estates and operational teams for their effort to ensure patient impact was minimised.

TB25/07/02 Minutes of the Meeting Held on 14 May 2025 [TB2025.54]

7. Two corrections were noted:
 - a. The attendance list would be amended to show that Ms Kapernaros was present at the meeting; and
 - b. Paragraph 11 would be amended to make clear that the Trust Chair was a member of the Health and Wellbeing Board and had recently been appointed Vice-Chair.
8. Subject to those changes, the minutes were approved. *Post-meeting note: the minutes were corrected as above.*

TB25/07/03 Matters Arising and Review of the Action Log [TB2025.55]**Actions Closed**

9. TB25-004 Elective Performance Standards – would be the subject of a Board Seminar session on the afternoon of 9 July.
10. TB25-006 Learning from Deaths – the Chief Medical Officer had circulated information regarding charity support to Board members.

11. TB25-007 People Plan Year 4 – Chief People Officer had circulated the requested update on metrics.
12. TB25-007 (misnumbered) Guardian of Safe Working – this action would be completed via an Integrated Assurance Committee (IAC) Deep Dive and was on the IAC Action Log as an open action.

TB25/07/04 Chair's Business

Staff Recognition Awards

13. The event highlighted moving stories of patient care and staff dedication. The Chair expressed his thanks to Oxford Hospitals Charity for their support of this annual event.

Nurses, midwives, allied health professionals, healthcare scientists, pharmacists and clinical psychologists (NMAHPPS) Conference

14. The conference attracted around 250 attendees and showcased a wide range of research.

NHS 10 Year Plan

15. The intention was to bring an assessment of the Trust's position against key areas of the plan to the Annual Members' Meeting on 18 September 2025. This would include:
 - a. mechanisms for hearing patient and staff voice and how this feedback was used;
 - b. work in the analogue to digital space and hospital to community shift and the difference this had already made;
 - c. refreshing the Trust's anchor institution role;
 - d. assessment of published league tables; and
 - e. the financial challenge, including delivering a 3% fund to support innovation.

TB25/07/05 Chief Executive's Report [TB2025.56]

NHS 10 Year Plan

16. The publication of the plan had coincided with the Trust's refresh of its strategy. The Acting Chief Executive Officer (Acting CEO) welcomed the Plan's ambition and focus on empowering patients, autonomy and accountability.
17. Place-based partnerships could provide a roadmap to an integrated health organisation (IHO); the shape of the IHO would emerge through discussions. The Trust would remain open-minded as the criteria/conditions for IHO were developed and would keep delivery for patients at the forefront of its thinking.
18. It was anticipated that activity in Q2 would focus on refreshing the clinical strategy and operational baseline performance, with detailed planning in Q3.

19. The Trust would continue to maximise opportunities to improve performance in particular specialities, whether through “Super Surgery Days” or utilising capacity of the Surgical Elective Centre when this opened. These interventions would be clinically led.
20. Communicating the three key shifts outlined in the plan, along with relevant KPIs, would be important. It was suggested that LinkedIn communications to staff and the regular Acting CEO report to the Trust Board could be useful vehicles for this.

Report of the Dash Review of Patient Safety Across the Health and Care Landscape

21. The publication of the review was noted.
22. Discussion focused on two recommendations: patient and community input to the planning and design of services and strengthening and streamlining mechanisms to listen to, and act on, staff voice.
23. This presented an opportunity in the context of the 10 Year Plan to create a more integrated feedback system, which reduced duplication and improved staff and patient experience.

Other updates

24. The Acting CEO expressed his thanks to Mr Holloway, who would be leaving the Trust to take up a new post with the national team as Director of National Estate Delivery. He paid tribute to Mr Holloway’s strong and visible leadership.
25. The Trust’s annual Staff Recognition Awards, national recognition received by members of staff and service areas, and NMAHPPS in Research Conference were highlighted.
26. The Acting CEO reported improvements in service delivery and patient care, including the opening of the Radiotherapy Centre in Milton Keynes.
27. The People Plan 2025-28 had been published; the Trust’s plan was well-aligned to the NHS 10 Year Plan.

TB25/07/06 Director of Public Health Annual Report

28. The Chair welcomed Dr Azhar, Director of Public Health and Communities to present his annual report.
29. Dr Azhar focused on the opportunities for the system of Anchor institutions to break the cycle of poor mental health and unemployment among young people. This was particularly stark in areas of deprivation.
30. He noted that a healthy workforce would be necessary, as by 2040, nearly 40% of people would be living with a long-term condition but the number of working age people would have only increased by 4%.

31. He stressed the positive role that satisfying work could have on mental health. He encouraged the Trust to use its Anchor status to set a national example by inclusive recruitment to tackle inequality, valuing diversity, and mental health support in the workplace.
32. Discussion focused on:
 - a. The Trust as an Anchor institution to work at scale to address health inequalities and support inclusive recruitment;
 - b. Delivering services through large local employers to support healthy workplaces; and
 - c. Integrated Health Organisations based on assets not institutions.
33. The Trust Board thanked Dr Azhar for the report. *Post-meeting note: Dr Azhar would meet the Trust's Young People's Executive (YPE) to discuss supporting the mental health of young people.*

TB25/07/07 Maternity Items

34. The Chief Nursing Officer (CNO) referenced the rapid national investigation into maternity and neonatal services at 10 trusts announced by the Secretary of State for Health and Social Care. Terms of reference were expected to be published in July and the report in December 2025.
35. Trust maternity care had been the subject of local and some national publicity as a result of a local campaign group. The anonymous testimonies on the group's website had been reviewed; these indicated clear themes around patient experience and communication. The Trust had written to the group and offered to meet; it was hoped that a meeting would be held before September.
36. The CNO reported that the rapid quality review held in April 2025 with all regulatory bodies represented had not identified any safety concerns with the service. The review had recommended that the Integrated Care Board review all maternity services in Oxfordshire over the next 12 months.
37. Senior support was being provided to maternity and neonatal teams with a focus on learning and improvement. The Director of Midwifery noted that the service had access to 0.5 WTE psychologist and the numbers of professional midwifery advocates, who provided mentoring and support, had grown to 26. Leadership was actively engaged with the Trust's Wellbeing team.

Maternity Safe Staffing Biannual Report [TB2025.57]

38. The Director of Midwifery reported that Trust was on trajectory to meet the Maternity and Perinatal Incentive Scheme (MPIS) staffing target by the end of Q2.
39. The CNO confirmed that the Trust had processes in place to ensure flexible working requests, periods of maternity and other forms of leave did not negatively impact safe

staffing levels. These were closely managed. She confirmed that the service had been permitted to overrecruit to compensate for periods of leave.

40. Progress toward full establishment had been slower than anticipated. 54 WTE had been recruited over the past 12 months and retention figures were improving. In September, a new intake of 27 graduate midwives would commence in post.
41. The CNO confirmed that the process of matching rosters to data in the electronic staff record and finance had been completed.
42. The Trust Board:
 - Noted the contents of the report, which demonstrated that there was an effective system of midwifery workforce planning to the required standard, in line with the NHS Resolution Clinical Negligence Scheme Trusts (CNST) Maternity Perinatal Incentive Scheme (MPIS) for safety action 5.
 - Noted the evidence that Midwifery staffing budget reflected establishment as calculated by BirthRate Plus®.
 - Approved and took assurance from this report that there has been an effective system of Midwifery workforce planning and monitoring of safe staffing levels for Q3 and Q4 of 2024/25 inclusive.

Maternity Service Update Report [TB2025.58]

43. The Director of Midwifery reported that there were 38 more births than in the previous month. The service's figures for 3rd and 4th degree tears, post-partum haemorrhages and avoiding term admissions to neonatal units (ATAIN) remained stable.
44. There were three suspected cases of hypoxic-ischemic encephalopathy (HIE). Two had been referred to Maternity and Newborn Safety Investigations (MSNI); parental consent had not been received for the third.
45. There were no occasions when 1:1 care was not provided in labour.
46. Two midwives had been recognised with DAISY awards. Figures for service user experience continued to improve; this was welcomed.
47. All actions from last year's Antenatal and Newborn Screening quality review had been completed and had been well received by NHS England.
48. The Trust Board noted the report.

Perinatal Quality Surveillance Summary Report [TB2025.59]

49. The Director of Midwifery reported that, of the four cases reviewed, one was graded as C due to the timing of induction of labour and had been referred to MSNI.
50. When asked how the Trust would address the quality of discharge communication, the Director of Midwifery referred to a postnatal Quality Improvement project.

51. The Trust Board noted the report.

TB25/07/08 Learning from Deaths Report Q4 [TB2025.60]

52. The Chief Medical Officer (CMO) reported that the Trust's Hospital Standardised Mortality Ratio (HSMR) remained "lower than expected" but that an increase had been observed. This increase was not attributable to a change in the methodology and it was believed to relate to the depth of coding of frailty and comorbidities at the John Radcliffe site. A working group, chaired by a Deputy CMO, and which included representatives from coding and patient safety teams was looking at the detail. The review would form part of the next Learning from Deaths report to the Trust Board or would be raised exceptionally if there was a concern.
53. It was not clear whether there was a change in the caseload, change to documented notes, or coding generated from the notes and it was important that the Trust Board kept an open mind.
54. Data from Telstra (Dr Foster) indicated three outlying diagnosis groups for review by the group: senility and organic mental disorders (delirium), acute cerebrovascular disease, and septicaemia (except in labour) . The CMO noted that two specialities – Stroke medicine and Geriatric medicine – had shown a decline in the expected rate and could be at relative risk.
55. The Integrated Assurance Committee (IAC) had received a report into the Trust's approach to the recording, counting, coding and reporting of activity under the NHS Payment System and commissioned NHS contracts. This report had shown that comorbidities recorded for the first episode of care where not recorded for future episodes of care. An adjustment had been made for elective care but a fix was not yet in place for non-elective care. It was agreed that IAC should receive a further update on non-clinical coding and counting.

ACTION FOR IAC: Chief Finance Officer to provide an update on non-clinical coding and counting, including progress toward rectifying identified issues.

56. The Trust Board noted:
- the Learning from Deaths update for Quarter 4 (2024/25)
 - the findings from Telstra in relation to the increase in HSMR.

TB25/07/09 Biannual Nursing Establishment Review [TB2025.61]

57. The CNO presented the review which had been conducted using recognised national standards; these had been triangulated against professional judgement. The review concluded that the Trust's nursing establishment – registered, unregistered, and associated care roles – was safe.

58. Areas directly related to patient care had already been adjusted in line with the review; there was further work to be done in other areas, including managing the review process, and the Trust Board would be briefed on this as part of the later seminar session.
59. The CNO paid tribute to nursing leaders in the Trust who had embraced a bottom-up review using evidence-based tools. The process was one of collaboration and there was anecdotal evidence that it had been well-received.
60. The Trust Board reviewed and endorsed the findings and recommendations from the 2024/2025 establishment review.

TB25/07/10 Integrated Performance Report M2 [TB2025.62]

61. The Acting CEO explained that the report would be refreshed to better align with the new national Performance Assessment Framework and to provide closer to real-time data.
62. He noted that elective care was on plan and urgent care performance was better than expected. Cancer remained a challenging area.

Cancer Performance

63. Increased demand meant that performance was under pressure; it was noted that demand was greater than NHS England planning guidance had instructed trusts to plan for.
64. The COO acknowledged that 28-day performance had declined in M2; there was some evidence that performance was recovering in M3. The Trust prioritised patients with cancer, meaning that the majority of the backlog was made up of people who were waiting to be told they did not have cancer.
65. A radiotherapy gap affecting 62-day performance had been identified and was being addressed with Thames Valley Cancer Alliance funding. In parallel with this, Quality Improvement work to maximise capacity was underway.
66. Three specialities were noted to be under particular pressure: breast, gynaecology, and urology. A gynaecology improvement programme was having a positive effect. A substantial backlog remained in urology in both cancer and benign pathways and one-off recovery actions may be required.
67. Discussions across the system to optimise pathways were ongoing. It was suggested that a Deep Dive to understand cancer demand, Trust and system capacity should be scheduled. *Post-meeting note: scheduled for 24 September 2025 Board Seminar.*
68. She assured the Trust Board that all long-waiting patients were reviewed, including those recently referred, and prioritised to ensure the longest-waiting patients with greatest clinical need were treated first.

Complaints

- 69. It was noted that the rate of complaints appeared to have increased and the rate these were resolved had decreased. The CNO explained that the volume from M1 had affected the M2 figures.
- 70. Teams were working hard to recover the position, but complaints had become more complex and recent operational pressures increased the challenge of timely response.

Freedom of Information Requests

- 71. Following receipt of the Information Commissioner's Office Enforcement Notice, the Trust put in place a comprehensive action plan. All actions were on track.
- 72. The Chief Digital and Information Officer updated the Trust Board on the backlog: 880 had been reduced to 660. Anyone who made a request in 2022 had been contacted to ask if they still required a response.
- 73. The Trust Management Executive would consider a proposal to address the backlog. To put the service on a more sustainable footing, named contacts in Divisions and directorates had been identified.
- 74. The increase in both volume and complexity of requests made this very challenging; it was hoped that making health data available via the NHS app, as set out in the 10 Year Plan, might have an impact on the volume of requests.
- 75. The Trust Board noted the report.

TB25/07/11 Finance Report M2 [TB2025.63]

- 76. The focus on the report was now on actions taken by management to address financial performance. The Chief Finance Officer (CFO) reported that the contract value for High Cost Drugs and Devices had been agreed.
- 77. Since the circulation of the report, Divisional budgets had Delivery Fund support added and this reduced the Divisional overspend from £6.7m to £4.8m. The main cause of the variance to plan was unachieved savings from Cost Improvement Programmes (CIPs). The CFO offered to share the revised Divisional position.

ACTION: CFO to circulate restated M2 Divisional position.

- 78. The CFO confirmed that 100% of CIPs had been identified by June 2025 to meet NHS England's requirement for payment of deficit support funding. The CFO told members that a higher internal CIP target of around 105% was proposed to allow for non-delivery of some schemes or deferral of others to the next year's savings plan. All schemes were tracked from identification to implementation.
- 79. Members agreed that IAC should seek assurance on Divisional performance against plan on behalf of the Trust Board.

80. The Trust Board noted the report.

**TB25/07/12 Research and Development Governance and Performance
Annual Report [TB2025.64]**

81. The CMO presented the report and expressed this thanks to the Trust's Research and Development team.
82. The benefits of research were not limited to current and future patients; it formed part of the NHS 10 Year Plan, it benefited staff through increased opportunities, the organisation through its association with Oxford Brookes University and the University of Oxford, and the nation through its alignment with the Life Sciences Strategy.
83. The Trust Board heard that performance was substantially below the national target in a key research metric: studies being recruited to time and target. If the national target was not met, the Trust would likely lose research income.
84. The CMO outlined the improvement actions to improve Trust performance. This included smoothing pinch points (diagnostics, pharmacy), developing NMAHPP contributions through the Trust's strategic partnership with Oxford Brookes University, enhancing governance and strengthening monitoring, and creating an agile research environment with streamlined processes. The Trust aimed to reach the 80% target by the end of the year and had put governance in place to monitor progress.
85. The need for close collaboration with the University of Oxford had been highlighted during the Oxford Biomedical Research Centre mid-year review. The CMO's efforts in building the partnership were highlighted.
86. Discussion focused on:
- a. Ensuring patients had access to the most appropriate trials, even if those were not based in Oxford;
 - b. The use of technology to improve patient participation in studies;
 - c. How research participation could address health inequalities and how this was monitored;
 - d. Patient and funder representation in research governance.
87. The Trust Board noted the report.

**TB25/07/13 Framework Travel and Transport Strategy for the John
Radcliffe [TB2025.65]**

88. The strategy had been discussed by the Trust Board in a seminar session and reviewed by the Trust Management Executive and Investment Committee.
89. The Trust Board:

- Approved the Framework Transport Strategy (FTS) for submission to the Local Planning Authority to meet SEC discharge of planning conditions; and
- Noted the plan for an intra-Trust working group to be established and that this group will develop a John Radcliffe site and Trust-wide FTS for approval in due course.

TB25/07/14 Urgent and Emergency Care Oxfordshire System Dashboard [TB2025.66]

90. The Trust Board noted the dashboard.

TB25/07/15 Emergency Preparedness Annual Report [TB2025.67]

91. Discussion focused on the Trust's ability to contact patients by text in emergencies. It was confirmed that this was possible, but dependent on patients keeping their contact details up to date. There was also a cost implication of using a text service.
92. The Trust Management Executive had clearly articulated its expectation that all services should have a business continuity plan that was up to date. Those still outstanding would be followed up.
93. The Trust Board noted the report.

TB25/07/16 Regular Reporting Items

TB/25/07/16a Trust Management Executive Report [TB2025.68]

94. The Trust Board noted the report.

TB25/07/16b Integrated Assurance Committee Report [TB2025.69]

95. The Trust Board noted the report.

TB25/07/16c Consultant Appointments and Sealing of Documents [TB2025.70]

96. The Trust Board noted the report.

TB25/07/17 Any Other Business

97. The British Medical Association had announced industrial action dates in respect of the resident doctor pay dispute.
98. The Chair thanked Mr Holloway for his contributions while Chief Estates and Facilities Officer and wished him well in his new national role as Director of Estate Delivery.

TB25/07/18 Date of Next Meeting

99. A meeting of the Trust Board was to take place on **Wednesday 10 September 2025**.